

Yale University

EliScholar – A Digital Platform for Scholarly Publishing at Yale

Yale Medicine Thesis Digital Library

School of Medicine

1-1-1861

Dissertation on asiatic cholera

Edward Aiken

Yale University.

Follow this and additional works at: <https://elischolar.library.yale.edu/ymtdl>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Aiken, Edward, "Dissertation on asiatic cholera" (1861). *Yale Medicine Thesis Digital Library*. 3819.
<https://elischolar.library.yale.edu/ymtdl/3819>

This Open Access Thesis is brought to you for free and open access by the School of Medicine at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale Medicine Thesis Digital Library by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.



Digitized by the Internet Archive
in 2017 with funding from
Arcadia Fund

Harvey Cushing / John Hay Whitney
Medical Library

HISTORICAL LIBRARY



Yale University

B61



Archives

T113

Y11

1861

The subject of the present Thesis is

Asiatic Cholera.

A case will first be cited & a general statement of the nature & treatment of the disease will follow.

The case is the more interesting because it occurred in Asia itself, - because the writer was himself the patient, & because recovery took place from the collapsed stage, after he had been given up by his attendants.

It was now midsummer of the second year of my residence in Syria. This, by the way, is acknowledged to be the most trying of any year to the natives of the temperate zones who go to reside in the tropics. For, while, the first year, he retains something of the tone imparted by his bracing native air, the second finds him stripped of

this protection, & however good his constitution & guarded his regimen, he is sure to suffer more or less from the debilitating influence of the climate. After the second year he is measurably acclimated. - but so with the mere traveller. He visits the country in the most healthy season, early summer, & remains only a few days or weeks; not at the right season nor long enough to suffer from the enervating power of the heat.

It was not a time of epidemic, but sporadic cases of cholera occasionally occurred. The day previous had been one of unusual bodily & mental exertion.

At about two o'clock in the morning I was attacked with diarrhoea. The first dejection, tho' copious & watery, excited little attention. The second, however, which followed soon after, being accompanied by vomiting, naturally alarmed me. Having seen some cases of Asiatic

Cholera in a previous epidemic, I readily recognized the disease. Cathartics, & emesis of a Rice water fluid, both simultaneous & alternate, soon followed. No urine, however, was voided.

I should, perhaps, state, by way of explanation, that I was now single, boarding with an American gentleman, who had resided in the country half-a-dozen years; part of the time in Aleppo, during several epidemics of the Cholera. & that my room was in the second story of his house.

I at once tried to call my servant, who slept in the hall below, but failed to awake him. To go down stairs was out of the question, from ^{weakness} pains & the frequency & persistence of the evacuations. I could do nothing, therefore, but wait for the morning. Day broke about 3. The Sun rose at 4. At 5 my host came up stairs to his study, an adjoining room & looked in upon me. Without anticipating it, he at once dis-

47
agreed the disease, procured & administered medicine & sent for a physician. The medicine was rejected almost immediately, but the dose was at once repeated. And so throughout the attack, as often as vomiting occurred, a new dose was administered.

As the whole surface of my body was cold, he ordered water to be heated, with which bottles were filled, & in which flannels were wrung out. With these I was surrounded & enveloped.

Cramps, especially of the muscles of the thigh & calf of the leg soon supervened; which were partially relieved by rubbing; two stout men being constantly employed as sides legs. My voice had now become husky & faint, my hearing much impaired, & my sight had begun to fail. I indistinctly heard my attendants remarking on my cadaverous appearance, & now recall the words: "Nothing

more can be done!" My sensations were those of excessive exhaustion of body & utter indifference of mind, while I was perfectly unconscious, & relaxed when spoken to.

It was now seven o'clock. The physician had not arrived. The crisis had come. Providentially, the vomiting and purging gradually ceased; the cramps became less frequent & severe, - the voice more natural, & the skin warmer & moister. At this stage the physician came, an Italian, long resident in the Levant, pronounced my disease Asiatic cholera, gave a favorable prognosis, approved of the course already pursued, & left directions for the future.

As convalescence began to be established, I had an intense thirst, and found the most refreshing drinks to be the "sherbet" of the country, - a weak lemonade, & soda water cooled with syrup brought by night from the top of Lebanon,

Note A., p. 6. The history of the disease
& its spread over the world in different Epidem-
ics would ^{itself} furnish matter for a separate thesis.

which near Beint, where I then resided, rises to the height of 9000 feet. This was all the nourishment that I craved for a day or two, my appetite for solid food not returning immediately.

In the course of four or five days I was up & about, tho' quite weak; and I did not recover full strength till after a month's residence & easy travel on the mountain.

Nature of Asiatic Cholera.

About its Contagiousness there is a diversity of opinion, some maintaining that it is contagious, & others that it is hereditary, tho' not, strictly speaking, contagious. Its epidemic nature has been abundantly shown from the year 1817 down, throughout the torrid & temperate zones generally, & at the expense of millions of lives. [Note A]

The specific poison of Cholera seems

to irritate the stomach & bowels, producing great general depression & a tendency to exsiccose of the watery portions of the blood.

This poison is, undoubtedly, the ^{predisposing} ~~exciting~~ cause of the disease; but, like most of its kind, it is too subtle for our alchemies.

The exciting causes may be generally stated as all depressing & irritating agents. In different localities different special ones, of course, predominate. The heat of summer, - fatigue & excess of any kind, especially intemperance in food & drink. In Syria, perhaps, as ^{prolific} fruitful a cause as any is the eating of unripe & raw fruit & vegetables, - the natives, by strange infatuation, persisting in eating them even after attacked by the disease!

The Symptoms, most of which have been mentioned in connection with the ~~causes~~ cited, are, - in the premonitory stage, diarrhoea, heaviness of the

head & nausea, changing suddenly, in the stage of attack, to violent, but comparatively easy & painless emesis & catharsis of a turbid, watery fluid. This fluid contains no bile; — a fact suggesting the impropriety of the name Cholera, — a word derived from $\chi\omicron\lambda\eta$, bile & $\rho\acute{e}\omega$, to flow, analogous to the derivation of the Latin lucus, a grove (& a shady or dark place) from lux, light. The urine is suppressed.

As the stage of collapse comes on, painful & violent spasms of the muscles of the leg & abdomen occur, — the pulse becomes quick & small, & often deficient at the wrist. — the tongue is of a leaden color, the surface & extremities of the body cold & blue, — breathing is difficult, & the senses impaired.

If the patient is to survive, the unfavorable symptoms gradually disappear, & reaction is by degrees established.

If the case is to terminate fatally

Note B., p. 9.

A stage of reaction characterized by typhoid symptoms is mentioned as sometimes following the stage of collapse. In Asia, at least, this is generally wanting.

the patient becomes comatose & dies exhausted. [Note B.]

The average duration of the disease is from two to twelve hours.

The post-mortem shows the arteries to be empty & the veins filled with dark uncoagulable blood, deprived of its watery constituents. The intestinal canal is pale & injected in spots, from venous congestion. There are no signs of inflammation, but shreds of epithelium stripped from the intestinal mucous membrane, are frequently found. The bladder is empty & contracted on itself.

There is great diversity in the treatment of Asiatic Cholera, — the 'heroic' & the mild styles both having their champions. Bleeding & even emetics have been tried with doubtful success — In Syria the two sheet-anchors of the native 'leeches' are bleeding, & the actual cautery. The powers of both have been

exhausted in this disease, & if the patient also!

Externally heat should be applied to the whole surface. Cramps may be relieved by rubbing or the cautious administration of anaesthetics.

Internally Calomel, opium & acetate of lead have been most reliable. But no one course of treatment can be unvaryingly pursued. There is no specific remedy for the Disease. Each case must be treated according to its symptoms.

The great aim from the first should be to check the fluid discharge. By persevering efforts the disease may be thus often nipped in the bud.

The Recipe for internal administration now most generally used by Frank Residents in Syria is the following:

℞ Camph. Pulv. }
Lingib. & tur. pulv. } āā ʒi
chloroph. sulph. gr vi

Note C., p. 11.

The characteristic suppression of the
biliary secretion would indicate the adminis-
tration of Mercury. It should undoubtedly
sometimes be given with a view to its specific
action on the liver, - but, the diarrhoea once
checked, that organ will often, if not generally,
resume its proper functions.

11.
Tere Stimul of time.

Dose: ^{pro re nata} 2 gr. every 15 minutes, till the evacuations are checked, or till 8 doses have been taken. Then 2 gr. after each evacuation; [if the evacuations occur oftener than once in twelve hours]

This Recipe has the historical & local interest of being an original prescription of a graduate of this Medical Institution, now dead; but for fifteen years a successful & esteemed physician in Syria. It was used in the case already cited, & in repeated epidemics in several of the large cities of Turkey its excellence has been extensively shown.

The direction, however, insisted on by its author, is the persistent administration of the remedy, however often rejected. All will not be drawn up. Some will undoubtedly remain, & ^{that} may be the means of saving life. I verily believe that mine was thus saved. [Note C.]

Dec. 22^d '60.

Edward Aiken.



YALE MEDICAL LIBRARY



3 9002 08670 4781

Accession no. 23007

Author

Yale Univ.
Theres, m. Doctor
of Medicine

Call no.

Archives

T113

Y11

1861

